QUESTIONNAIRE ON DELINQUENCY IN YOUTHS AND ADULTS AND ITS TREATMENT BY THE COURTS.

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In this paper we incorporate the results of a distinct portion of the investigation which was in part reported in the last number of this JOURNAL at page 249. The aim of this portion of the investigation has been to bring together the opinions of leading scientific men, here and abroad, as to the methods of diagnosis and treatment of juvenile and adult delinquents who, though subnormal, are capable, (it is believed), of being brought to a normal condition under treatment. We are not thinking of those whose subnormality is due to the inheritance factor in the strict sense, that is, in the sense of traits passed on from one generation to another by way of parental germ plasm. We are thinking, however, of those cases whose subnormality may be traceable to developmental failure due to infection from the parental stock or other sources, or to accident, disease, etc.

The questionnaire, a copy of which appears below, includes terminology that is not in general use; the term "mental delinquency" is a case in point. In the lines, following the title of the questionnaire in which the term appears, we have tried to make our meaning clear. "Mental delinquency" applies to subnormal delinquents whose condition is not traceable to inheritance: whose condition is acquired and who, therefore, may, under treatment be brought to normality. It is apparent from the replies to the questionnaire that those who answered, understood it in this sense.

The questionnaire was sent to heads of reformatories, very few of whom felt competent to answer, and to scientists who it was believed could answer from direct experience, some or all of the four main questions. Answers were received from seventy-three (73), which is slightly in excess of fifty per cent of those addressed.[2] Some

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[2] Those who sent quite full answers include:
Dr. Jean Weidensall, Laboratory of Social Hygiene, Bedford Hills, N. Y., Dr. Thomas Travis, Montclair, N. J., Henry M. Hurd, Baltimore, Md., Prof. A. H. Sutherland, University of Illinois, Prof. J. C. Bell, University of Texas, Prof. F. G. Bruner, Chicago, Prof. Edgar J. Swift, Washington University, Prof. E. E. Bolton,

did not answer all questions fully because their experience has not been broad enough, and in some instances because of the wording of the clause at the head of the questions reciting the condition under which the term "mental delinquency" is taken. Had I used "organic" in place of the word "specific" in the middle of the third line, the meaning would have been clearer, and no doubt more satisfactory to us all; however, when we are pushing into a new field, or one that is not well defined, we must advance step by step and expect to be incomplete at times.

QUESTIONNAIRE ON MENTAL DELINQUENCY IN YOUTH AND ADULTS AND ITS TREATMENT BY THE COURTS.

Mental Delinquency is here used as a convenient term to cover all individuals with mental disorders, without defect of intelligence and where no specific psychosis (disease) is shown. It includes all cases which are not normal but are believed to be capable of being brought to a normal condition under treatment.

I. Should we have a special diagnosis of these cases, when brought into court, before or after the determination of their guilt or innocence?
Why?

a. Which of the following diagnostic methods do you think is most scientific, and why?

University of Washington, Prof. Max Meyer, University of Missouri, Prof. Robt. M. Yerkes, Harvard, Prof. J. E. Wallin, University of Pittsburgh, Dr. A. B. Waite, Pa. Industrial Reformatory, Huntington, Pa., Dr. E. E. Weaver, Waltham, Mass., Prof. E. F. Buchner, Johns Hopkins Hospital, Prof. Rudolf Pintner, Ohio State University, H. W. Charles, Boys' Industrial School, Topeka, Kan., Maryland School for Boys, Loch Raven, Md., Dr. H. H. Hart, Russell Sage Foundation, N. Y., City, State Industrial School, Kearney, Neb., Dr. F. L. Wright, State Agricultural and Industrial Schools, Industry, N. Y., Jefferson Farm School, Watertown, N. Y., House of Refuge, Birmingham, Ala., F. Arnold, New York City, Dr. H. L. Christian, Elmira State Reformatory, Prof. Robert H. Gault, Northwestern University, Dr. Isadore H. Coriat, Boston, Mass., Prof. Howard C. Warren, Princeton University, Prof. George Van Ness Dearborn, Tufts College, Dr. Frank Moore, N. J. State Reformatory, Theodore L. Smith, Worcester, Mass., E. G. Gonons, State Industrial School, Ogden, Utah, Prof. Ernest Jones, London, Eng., Dr. Walter E. Fernald, Mass. School for the Feebleminded, Waverley, Mass., Dr. R. B. Von Kleinschmid, Indiana State Reformatory, Margaret Otis, N. J. State Home for Girls, Trenton, N. J., Dr. William A. White, Government Hospital for Insane, Washington, D. C., Dr. Max E. Witte, Clarinda State Hospital, Iowa, Dr. Alex Hrdlicka, Smithsonian Institute, Washington, D. C., Prof. H. Austin Aikins, W. R. University, Cleveland, Prof. R. H. Sylvester, Iowa City, Iowa, Joel D. Hinton, Juvenile Court of Cook County, Chicago, Ill., Dr. Guy Payne, Essex County Hospital, Cedar Grove, N. J., Dr. M. Allen Starr, N. Y. City, Dr. Adolph Meyer, Johns Hopkins Hospital, Dr. M. G. Schlapp, N. Y. Post Graduate Hospital, N. Y. City, Dr. Pierre Marie, Paris, France, Dr. Forel, Zurich, Switzerland, Dr. Smith Ely Jelliffe, N. Y. City, Dr. Morel, Ghent, Belgium, Dr. Guy G. Fernald, Massachusetts State Reformatory.

1. Physical examination.
2. Mental examination, including Binet, learning, association, memory, reasoning and motor co-ordination tests.
3. Sociological examination, including history of home, school and offences.

b. Do you know of a better diagnostic than those suggested above, and, if so, who is the author of it?
Where is it used?
Is it published? Where?
If you do not believe in the diagnostic methods used at present, would you suggest an eclectic method of diagnosis and what would be the main item in this eclectic diagnosis?
What are (a) the strongest and (b) weakest points of the present methods in diagnosing mental delinquency?

II. Should we have a special treatment for mental delinquency? Why?

a. Are the present methods of treatment of mental delinquency sufficient?
1. Why?
2. Should the treatment provided for these cases be of a medico-pedagogic character, and include the methods of modern psychotherapy?
4. Should Hypnosis be used in any cases?
3. Why?
5. Why?
6. What else ought and can be done?
7. Why?

III. What percentage of those charged with crime are mental delinquents, having reference to

a. Age.
b. Sex.
c. Grade of Intelligence.
d. Social Status.

Please note that for the purposes of this questionnaire we are eliminating all defectives, who, by inborn nature lack capacity.

On what do you base your answers to this last question No. III?
Have you any statistical data of the above, and, if so, what?

IV. What would be the best educational and social plan for

a. Prevention of mental development of delinquents.

b. Care of mental delinquents.
c. Why?
d. On what do you base these replies?

Very few of the responses cover all of the questions. I have adopted the plan of making a general summary of such answers as are direct and following them with a detailed statement of the principal points of view which are brought out.

QUESTION NO. 1.

Should we have a special diagnosis of these cases, when brought into court, before or after the determination of their guilt or innocence? Why?

ANSWERS.

Before	27
After	6
Unclassified	8

BEFORE.

Because the guilt or innocence, technically speaking, depends on responsibility.

Because these facts should enter into the decision.

The mental attitude is liable to be more free from restraint.

It would frequently help to establish guilt or innocence.

Because it is unfair, if one is mentally defective, to brand one as criminal

AFTER.

The mental condition would be different after findings were made.

UNCLASSIFIED.

It makes little difference when it is done, but the courts should establish guilt or innocence only.

To administer justice we should know the criminal as well as the crime.

In order that the teacher may clearly understand the deficiency of the individual and prescribe a treatment for its development.

Crime is often the result of imperfect power of moral perception and reasoning.

If the court wants a decision on facts, yes; if the court wants the legal game, the fewer facts the better.

A. *Which of the following diagnostic methods do you think is most scientific, and why?*

1. Physical examination.
2. Psychological examination, including Binet, learning, association, memory, reasoning and motor co-ordination tests.
3. Sociological examination, including history of home, school and offences.

ANSWERS.

Physical	6
Mental	6
Sociological	3
All three	27
Physical and Sociological	1
Mental and Sociological	3

B. *Do you know of a better diagnostic than those suggested above, and, if so, who is the author of it?*

Where is it used?

Is it published? Where?

If you do not believe in the diagnostic methods used at present, would you suggest an eclectic method and what would be the main item in this method?

ANSWERS.

No 21

Heidelberg Studies, by Julius Springer.

The Fernald Tests and the Rossolimo Psychic Profiles.

"I know of no better authority than Dr. Goddard and the Rockefeller Laboratory."

Psychoanalysis, Freud, Jones, Freud on Dreams, and the works of Sidis, Jung, Stern, etc.

Dr. Terman of the University of California is improving the Binet system, and Dr. Healy of Chicago Juvenile Psychopathic Institute is elaborating some new and better tests.

"Diagnosis of higher grades of mental defectives." Used in Mass. School for Feebleminded. Published in Am. Journal of Insanity, January, 1914.

The modern Psychodynamic literature.

The main idea is not to let ourselves be carried away by theoretic and preconceived ideas, and to limit ourselves to appreciating each case by itself without waiting to make it fall necessarily into a certain classification.

What are the strongest and the weakest points of the present method of diagnosing these cases.?

ANSWERS—STRONGEST.

Growing tendency to recognize the need of real and substantial evidence regarding the status of the individual.

A fairly convenient and accurate means of comparison with recognized standards.

The consideration of the social or anti-social aspects of them in the light of mental or physcial construction.

Study of environment.

They give us a view of the status of functions separately at the time at which test is made.

Showing acquired ability.

Diagnosis of intelligence.

WEAKEST.

Unskilled examiners and lack of established standards.

The uncertain elements in every method yet devised.

Tests degenerate into routine.

Excessive reliance on a single method of detecting mental delinquency.

Overemphasis of the intellectual aspect, and lack of organization for the sociological examination.

Failure to understand the history of the case and failure to provide suitable schools.

Diagnoses made by physicians and others who are in no sense experts on mental delinquency or on the psycho-sociological methods of studying it.

Lack of long continued observation of patient.

Do not throw light on capacity for improvement, only prolonged observation under experimental conditions can do that.

Do not show the native ability nor moral conception.

Haste, superficiality and lack of broad scientific training in the examiners.

Lack of correctional tests applied from time to time.

The desire to get along with only a few facts and tests.

QUESTION NO. 2.

Should we have a special treatment for these cases?
Why?

ANSWERS.

Yes (in substance)	39
No	1
Unclassified	2

YES.

Delinquents have little power of self-direction and require attendance and judicious control to develop them.

Society can no longer ignore the constant transmission through social heredity of the bad habits and unsocial ideas and purposes of individuals who compose a part of it.

It would be absurd to treat cancer, tuberculosis and pneumonia all alike.

Treatment must be individual, not general, if it is to claim any title to a scientific method.

Mental delinquency does not necessarily mean mental deficiency, but wrong habits developed through wrong experience. Morality is very largely a matter of individual education and training. It should not be confused with mental deficiency.

All treatment of any kind should be adapted to the special case. General treatment is equal to quackery.

We should have special educational institutions for delinquents, where they may be studied for their own good and for the social welfare, and where they may be, so far as is possible, educated or re-educated to their maximal social efficiency.

School of letters and physical culture.

Each seems to have exceptional traits which call for special treatment.

They cannot be reached by ordinary methods, and many of them are capable of forming good habits and ideals.

We should have special classes in schools for the slightly deficient. The more advanced cases should be, with few exceptions, permanently segregated, and the sexual types sterilized.

NO.

Mental delinquency is not an entity. It is a reaction to certain complexes which differ in different individuals.

UNCLASSIFIED.

It is very doubtful if such a thing as pure "mental delinquency" exists. We have no adequate tests for either judgment or will or affectivity in general. Moral delinquency may, of course, exist in otherwise normal individuals as the result of environment.

A. *Are the present treatments of these cases sufficient?*

1. Why?

No	35
Unclassified	6

NO.

Not sufficiently individualized.

They punish objectively and confine. They do not lead to an understanding of the difficulties from the standpoint of the individual.

We are groping blindly. Mental diagnosis is in its infancy. Our treatment necessarily occupies a place similar to that of medicine a century ago. We select a method which we think will fit the class. Mental delinquents have a more varied distribution than normal individuals, since they occupy one end of the skew of the curve of distribution.

They have not been sufficiently standardized in order to become thoroughly valid.

As I know the situation in New England I should say that the present methods of dealing with delinquents are unsatisfactory, and that chiefly because of the lack of properly planned and equipped institutions for the study and educational treatment of the individuals.

Value of the results obtained is to be measured rather by the skill, experience and time given than by the method employed.

Penalize the individual for his own protection. Put him to work at self-supporting labor; treat him kindly, but keep him under permanent restraint if his abnormality makes it impossible for him to live normally. Theoretical distinction usually breaks down in the concrete.

No institutions are present to deal with all cases. We worry along with them in the schools and then turn them loose. They should have simple vocational training.

Only those who get into correctional institutions receive consistent training.

They fail in large part to recognize the fact that each case must be diagnosed and treated in the singular,according to its own peculiarities.

The present method is still too prone to punish the delinquent for offences committed without having due regard to the weaknesses and limitations of the offender. However, the trend of reformation, i.e., the reforming of the character of the delinquent, is in the right direction, and gives promise for the future.

They force the individual to conform to conventional standards, and they do not make enough allowance for individual variations.

UNCLASSIFIED.

Not unless they include dynamic psychology, analysis and re-training.

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2. *Shoulld he treatment provided for these cases be of a medico-pedagogic character, and include the methods of modern psycho therapy?*
3. Why?

ANSWERS.

Yes (in substance)	39
No	2
Unclassified	1

YES.

Because psychotherapy, being a careful attempt, at least based on sound laws of psychology, seems to offer a valuable tool.

The work is both developmental and educational. There is always a degree of mental defect, due to lack of development.

The essential thing is to get at the nature of the difficulty, remove the cause and restore the patient to normality. It would be foolishness not to make use of all known methods to accomplish the desired result.

It is a question of education much more than medical treatment. An individual may be educated out of a great many faults into which he has fallen.

The physical defects must first be treated, then mental processes must be stimulated, and many ills are, after all, habits of mind.

So far as this plan has been carried out it has produced good results.

Better chance of getting at real conditions.

Particularly psycho-analysis.

Because of the interdependence of mind and body.

Because only a use of *all* the available facts will do justice to the task.

NO.

Medical character is a vague term. There are few medical men who have any training along this line. The same holds for pedagogy; the requirements, should therefore, be of a practical sort.

Psychotherapy is useless. Education is the only means to employ in schools and privately.

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4. *Should Hypnosis be used in any cases?*
5. Why?

ANSWERS.

Yes, in selected cases	22
No	14
Unclassified	5

YES.

There are cases which will probably yield facts and results not so readily obtained without hypnosis, as in discovering veiled hysterias.

Hypnosis has proven successful in certain delusional and egoistic cases.

In selected cases it might be helpful in restoring a temporarily deranged mentality.

In but a few cases, and then by a thoroughly reliable expert of high character; its use may be attended with more ill than good results, but there are at times things to be learned by this means, also results to be secured that can hardly be learned in any other way.

To get at original source of disorder.

Not necessarily cut out; it has its place legitimately in the system of psycho-therapeutics.

Often useful in mental diagnoses; discovering causes of obsessions, etc.

It is a pity that present education does not use hypnosis.

NO.

It is still too little understood to be used with safety.

The only persons worthy to use hypnosis in such cases are of a calibre to demand large salaries and to direct large affairs.

Not many know much about hypnotism.

It is liable to abuse in the hands of quacks and charlatans.

The individual's own mind should be made to control.

It diminishes independence and we have better methods, i.e., psycho-analysis.

Whatever good hypnosis can accomplish can be done better by suggestive stimulating treatment openly with the full consciousness of the delinquent, and such abilities and tendencies should be stimulated and developed in the right direction, and the delinquent's self-esteem and self-dependence fostered with a view for future occupation and earning a livelihood and consequent habits of industry and resistance to temptation.

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6. *What else ought and can be done?*
7. Why?

The following up of each case by a thoroughly devoted personal friendship; because in my experience the great power of recidivism needs a long and devoted interest to overcome. A cure of any deep deficiency can rarely be permanently secured in one more or less short effort. It takes years to thoroughly reform a character.

No one hard-and-fast method will be successful in all cases.

Get in touch with the moral custodians of the subject and seek to have their influence increased upon the subject.

Many cases could be dealt with in private homes or by the so-called "Big Brothers."

The question is largely vocational, i.e., employing the person in such ways as are adapted to his individual needs.

A careful inspection for days under favorable conditions.

Study the ancestors, because it will give an insight as to why such conditions exist.

Correction of all physical defects; good food, air and sunlight; education in letters, ethics and morals. Instruction in trades, physical culture; "Big Brother" scheme.

Best skilled private sanitarium plan.

Should be placed in institutions where the object is individual reform and not punishment. Such institutions should have the best trained specialists for superintendents.

Individualize the treatment.

Personal influence of high-minded teachers and method of education adapted to weakminded.

QUESTION NO. 3.

What percentage of those charged with crime are delinquents with acquired defect?

Classify according to:

a. Age.
b. Sex.
c. Grade of intelligence.
d. Social Status.

ANSWERS.

No one knows as yet.

Haven't any basis for reply to this question. Not more than two out of a hundred, roughly speaking, could be purely classed under your category of "mental delinquent."

Difficult to say as defined above. I should say 15-25% are

feebleminded; 2% epileptic; 2% insane; 2% psychopathic; most come from the lower social strata.

I believe social status sends to us by far the greater number.

From my experience I should say 35%.

About ½ to ¾. Many seem weak-willed and simple.

Curve of delinquency runs high during adolescence. Opinons of experts differ widely here, so that an estimate is of little value.

Large percentage.

From 20% to 50% of all classes of arrested persons for all offences.

A. Varies with crime; B, female "abnormal" more frequent than males;" C, varies with classes of crime; D, larger percentage of abnormal among the well-to-do.

On what do you base your answers to this last question No. III?

Have you any statistical data of the above, and, if so, what?

My experience in study of truants in our parental school would indicate that for boys from 8 to 14 home conditions and mental obtuseness are chiefly responsible in about equal degress.

The careful study of approximately 3,000 children ages 8 to 14.

Tests of juvenile delinquents. Many studies by Binet tests are available.

Personal experience.

QUESTION NO. 4.

What would be the best educational and social plan for

a. Prevention of these delinquents.

b. Care of mental delinquents.

c. Why?

d. On what do you base these estimates?

ANSWERS.—A.

Systematic training in self-control.

Elimination of drunkenness.

Adequate eugenic laws fhoroughly enforced; and also see that every child has an opportunity to be in a desirable school under proper conditions.

Reformation of home and street life of large cities. Some means of keeping children away from vicious surroundings.

Practice of proper eugenics, and a state home for children of parents who are unfit to govern children.

Segregation, vocational training, open air farm work; summer bathing along the ocean.

A system of public vocational education for misfits who leave school early and fall into idleness.

More industrial training early in public school.

Our observation teaches us that fully 90% of all delinquency of juveniles can be charged to the unsatisfactory home.

The ideal treatment is to rehabilitate the home. It means education with the emphasis transferred from the individual to the social point of view.

Prevent procreation by those capable of transmitting by heredity and constitutional defect or instability of the nervous system. Further more, improve surroundings and social conditions. Reduce syphilis and alcoholism as much as possible. Combine hospital and school treatment.

B. AND C.

Custodial schools followed by social supervision.

Special schools.

Systematic training in good homes and community. Cultivate habits and ideals of work and play; fair play; reading of good books, etc.

Vocational training and public work.

Farm schools.

Concerning the present existing unfit homes, it should be the business of the public schools, with their magnificent machinery, to reach out to the home and there make a diagnosis as to fitness; then, with the aid of such social service, rehabilitate all homes that are amenable to treatment, and decently care for the children of such homes as are beyond treatment. Educate for intelligent parenthood those who are to be parents.

Better classification and segregation in small cottages on large farms with special training prescribed to suit the individual.

Depends on whether cases are curable or incurable.

Am against any dogma; must have personal understanding of individual.

All institutional machinery, no matter how fine, will not take the place of; first, the influence of character on character; and, next, being more or less artificial, it will not replace the home.

To make it as sympathetically personal as possible.

At present we are not doing any satisfactory work in keeping him "right" in his incipiency, and the correctional institutions are left to do the work that the public school should have done five or ten years before.

Proper supervision and grouping is impossible in large institutions.

They must be observed and protected in the adolescent period of life. Surface of social contact reduced to smallest possible area.

D.

Results secured in a few cases treated in the Experimental Hospital School in the University of Pennsylvania.

Personal observation.

Experience as minister, charity worker and student of psychology.

Observation of children and clinic examinations.

Experience of nearly every grade of delinquent, defective, etc., both harmless and with vicious tendencies.

School experiences; principal of five schools of over 3,500 pupils.

On basis of laws of health and natural selection.

On basis of George Junior Republic results; results of vocational schools (W. E. Roberts, Supt. Manual Training, Cleveland, Ohio), and in Cincinnati.

My experience with a vast number of insane, defective and otherwise nervously disordered or deficient individuals, as well as extensive observation of those not considered insane or defective, but not entirely normal.

Observation of all cases sent from Children's Courts of Greater New York in the last four years.

All cases examined for New York and Brooklyn S. P. C. C. and other child wellfare institutions in New York.